

EMS and Managed Care Roundtable Group Meets for the Third Time

The EMS and Managed Care Roundtable, a discussion group of executives from the EMS and managed care professions, met for the third time on June 23, 1998. Like the first two meetings, the topic of this meeting was the delivery of out-of-hospital care in a managed care environment. These

meetings originated from the belief that managed care and EMS have much in common and could, by consensus, offer strong guidance to facilitate local decision making on matters related to managed care and EMS partnerships. The discussions began with a general agreement to talk. They

have since become more focused discussions and recommendations on important policy matters that local communities must face if they wish to enter into these relationships. This summary of the third meeting represents significant leadership on matters related to managed care and EMS today.

Summary of the Previous NHTSA Roundtable

The goal of the second EMS and Managed Care Roundtable was to reach general agreement on fundamental principles concerning the delivery of emergency care. These mutually supported principles were detailed in the second EMS and Managed Care Bulletin. To summarize, the participants discussed:

- overarching issues, such as an agreement that the EMS system must be preserved.
- issues related to access to EMS care, including an agreement that EMS and managed care organizations should

explore options for handling persons with non-emergent needs who access EMS.

- dispatch issues, which produced an agreement that any communication center (911/EMS, a telephone nurse advice service, or a non-emergency communication center) should have carefully constructed guidelines to identify and provide appropriate services to emergency callers.
- issues regarding provider actions at the scene, including an agreement that data

systems linking dispatch, field, and outcome data should be used to evaluate protocols that assign patients to alternative resources.

- patient destination issues, including an agreement that destination options should include a comprehensive range of community services.

While these discussions were fruitful, participants did not agree on all issues. Those points of disagreement formed the agenda for the third EMS and Managed Care Roundtable.

Results of the Third NHTSA Roundtable

The goal of the third EMS and Managed Care Roundtable was to find agreement on the important, yet challenging, issues identified during the previous roundtable. The specific issues discussed fell into these four areas:

- Medical Direction
- Evidence-Based Practice
- Multiple Triage, Treatment, and Transportation Protocols
- EMS Response Options

Preamble:

The Roundtable participants came as recognized experts in their field, not necessarily as representatives of their organizations. Hence, areas of consensus represent general agreement among experts, not organizational positions. These principles recognize the diversity and needs of each discipline. They acknowledge that all parties must change somewhat. And they place the needs of patients first.

Introduction:

These discussions were structured to yield specific areas of agreement. When an issue was introduced, the participants were asked first to identify the central issue. Next, they identified potential approaches that would be beneficial both to managed care and EMS. Finally, they recommended steps that local or national entities could take, to move the issue toward resolution. The third bulletin is organized in this format.

Medical Direction

Context:

Medical authority for regional EMS systems has traditionally been assigned to a system-wide medical director. The medical director assures the medical appropriateness of system policies, protocols, and practice. In a managed care environment, it is possible that medical oversight may need to be shared between the EMS medical director and the medical director of a managed care plan. This raises questions about ultimate authority and coordination of medical direction. Roundtable participants were asked how EMS medical direction can be coordinated when the needs of managed care plans are integrated into the EMS system.

Summary of the Issue:

How can single, clear, and focused EMS medical direction be maintained, while also incorporating the needs of managed care?

Areas of Mutual Benefit

- Create a structured, data-driven protocol development process that includes managed care representatives and integrates managed care needs, yet remains under the direction of a single EMS medical authority.
- Develop patient triage tools that accurately identify various levels of patient risk and assign appropriate resources. It is recommended that these tools take into account the level of local provider training, unique urban and rural needs, and clinical resources available within a community.
- Help the public to understand the role of the EMS system, the role of primary care providers and patients' health plans, and the differences between these roles.

Steps Toward Achieving Mutual Benefit

- Establish a system of clear EMS medical oversight that recognizes members and representatives of managed care plans as a constituency. It is assumed that the EMS system will remain under the direction of a single EMS medical director.
- Incorporate into medical director training, basic tenants of managed care, how managed care may influence an EMS system, and how medical directors may address managed care plans' needs and interests.
- Develop and distribute case studies documenting innovative managed care and EMS partnerships that help both parties arrive at local solutions. Provide a template to structure and guide local discussions. Use these tools to generate local dialogue and establish relevant relationships.
- Discuss approaches that EMS and managed care can take to educate the public about the role of the EMS system. The goal of this effort is to assure that those who need emergency services receive them promptly, while those with non-emergent needs address them through their health plan or physician.

Summary of Other Related Discussion Points

From a Managed Care Participant:

- EMS response systems should be regionalized.

From an EMS Participant:

- New protocols should increase efficiency and resource utilization.

- Patients without insurance who call 911 with non-emergent needs should be referred to the appropriate resources that will assure adequate follow-up care.

From Both:

- Clinical performance should be measured and both EMS and managed care plans should be held accountable to established standards.

Evidence-Based Practice

Context:

EMS systems are considering new ways to more efficiently utilize existing resources, including finding alternate, and perhaps non-EMS, resources for certain individuals with non-emergent needs. This implies new and innovative protocols and suggests the need for evidence of the effectiveness of these non-traditional alternatives. Participants were asked to discuss how such protocols should be developed and implemented.

Summary of the Issue:

Given that there is little scientific evidence supporting many aspects of existing EMS practice and system design, what types of evidence should be required before considering alternative designs?

Areas of Mutual Benefit

- Assure that there is evidence of benefit and safety before implementing new protocols.
- Expand the definition of evidence to include various levels of certainty,

Evidence-Based Practice (cont.)

ranging from empirical evidence to prospectively validated research. Require the most sophisticated evidence for changes with greatest potential for harm.

- Expand the criteria by which EMS system quality is determined to include clinical outcome and process measures, cost of providing services, and patient satisfaction.
- Ensure that any changes in EMS system protocol are accompanied by rigorous continuing quality improvement efforts to track the effects of the change.

Steps Toward Achieving Mutual Benefit

- Increase the use of Continuing Quality Improvement (CQI) in EMS systems.
- Develop local guidelines that will assist communities in making decisions about the application of evidence to changes in EMS protocols.

- Develop state and national EMS databases to assist in quality benchmarking.
- Promote regional, cross-jurisdictional sharing of EMS system data, including CQI data.
- Integrate EMS quality measures into existing quality monitoring systems such as the Health Plan Employer Data and Information Set (HEDIS), the National Committee for Quality Assurance (NCQA), and the Commission on Accreditation of Ambulance Services (CAAS).
- Create a set of best practices related to non-traditional protocols and establish a clearinghouse to distribute them.
- Review and consider the NHTSA standard data set as a measurement tool.
- Support efforts to create a funded national EMS research agenda that includes identifying appropriate treatment options for diverse populations such as people of color, women, and children.

Summary of Other Related Discussion Points

From a Managed Care Participant:

- Certain local managed care needs, such as transporting plan patients to a plan hospital rather than the closest hospital, may be easily identifiable and implemented in the near term.
- EMS should begin work now to build strong and beneficial relationships with managed care plans.

From an EMS Participant:

- When considering regional databases linked with outcomes, patient confidentiality must be assured.
- Our assumption that an over-response is the safest response may be flawed. This may mean we are drawing resources away from truly emergent patients.

Multiple Triage, Treatment, and Transportation Protocols

Context:

As EMS systems develop relationships with managed care plans, these plans may request unique triage, treatment, and transportation protocols for their members who call 911 with non-emergent conditions. This raises questions about whether an EMS system could or should accommodate multiple plan-specific protocols. This also poses questions about the level of response delivered to those who are not covered by participating managed care plans or who are uninsured and call 911 with non-emergent conditions. These issues could hinder the development of new EMS and managed care relationships.

Summary of the Issue:

Is it appropriate to integrate multiple protocols within a single EMS system? If so, how will an EMS system integrate these specific

needs into its operations given the lack of proven models for doing so? It is assumed that patients with true emergencies will receive the same rapid response regardless of insurance coverage.

Areas of Mutual Benefit

- Develop reliable technology for real-time identification of managed care organization membership so that EMS personnel may quickly know a patient's plan and benefits.
- Clarify appropriate EMS response options as well as the appropriate "default" response for patients with non-urgent needs who are not covered by participating managed care plans.
- Educate EMS providers about the benefits of effective resource management.

- Align the financial incentives of EMS agencies and participating managed care plans so that both are motivated to use resources efficiently.

Steps Toward Achieving Mutual Benefit

- Develop tools and mechanisms for guiding a discussion between managed care and EMS on these topics.
- Educate EMS providers about financial risk sharing and how this may influence EMS operations.
- Develop consumer education programs that explain why the EMS system may provide multiple response options and transport patients to alternative sites of care.

Multiple Triage, Treatment, and Transportation Protocols (cont.)

EMS Response Options

Summary of Other Related Discussion Points

From a Managed Care Participant:

- There would probably not be much plan-to-plan protocol variation for the actual medical care of plan members who call 911 with non-emergent needs, although transportation methods and destinations may vary.
- Is it a public sector responsibility to maintain necessary excess capacity within the EMS system or should managed care pay for it through higher fee-for-service or capitated rates?

From an EMS Participant:

- Can a single standard of EMS care be delivered through a variety of resource options?
- What are the financial implications if the “default” EMS response to patients who are not covered by participating plans is the traditional full advanced life support response? Does this mean that those with the fewest means pay the highest cost for EMS?

Context:

There is no consensus on the appropriateness of alternative EMS response options. Examples include health screening services that are within existing scopes of practice, such as blood pressure checks; expanding the scope of practice for paramedics; or staffing certain ambulances with nurse practitioners or physician assistants to perform services in the field that otherwise would be done in an emergency department or physician office. Roundtable participants were asked to outline general principles that may assist local communities in exploring these approaches.

Summary of the Issue:

How do we define the “right” care for patients who request EMS? Then, how do we deliver that “right” care to the patient at the right time and place? How are alternative services, particularly patient treatment without transport, reimbursed?

Areas of Mutual Benefit

- Cooperatively develop models of alternative EMS response options.
- Assure EMS providers receive adequate training on new response options.
- Utilize EMS personnel for injury prevention and health monitoring activities.

Steps Toward Achieving Mutual Benefit

- Conduct pilot projects that test feasibility of response alternatives and publish findings.
- Collect and disseminate case studies of successful alternative response models.
- Collect and publish case studies of successful examples of EMS personnel conducting injury prevention and health monitoring activities.
- Establish a reimbursement mechanism for EMS responses that result in care but no transport.

Summary of Other Related Discussion Points

From a Managed Care Participant:

- It is important for EMS to think through how new EMS response options might benefit a managed care plan before entering into these discussions with a plan.
- Develop joint projects that allow both the EMS partner and managed care partner to win early and win often.

From an EMS Participant:

- What is an agency’s liability if such alternative response options are implemented?
- Good training is essential before new EMS response options are implemented.

In Summary

The discussions summarized here represent hard and productive work that has moved issues containing great diversity of opinion closer to consensus. The three important products of this meeting were the concise statements of the issues, identified areas of mutual benefit, and recommendations for steps that can be taken to move us toward areas of mutual benefit. These steps include:

- Develop tools that will guide local discussions about EMS and managed care.
- Collect and publish case studies and best practices that illustrate successful approaches to new partnerships.
- Develop educational products to assist EMS, managed care, and consumers to learn more about one another’s needs.

The discussion at the fourth EMS and Managed Care Roundtable will focus on how these tools will be developed. The participants continue to push ahead. The results of each meeting exceed expectations. We expect the upcoming meeting to be equally successful.

ROUNDTABLE #3

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